## P22000023216

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Shoreline Pipe and	Industrial Supply, Inc	
	BER: P22000023216		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	itter to the following:	
	Lisa L Hamilton		
		Name of Contact Person	n
	SHORELINE PIPE & INDU	STRIAL SUPPLY, INC.	
		Firm/ Company	
	6657 SW Silver Wolf Drive	• •	
		Address	
	Palm City, Fl 34990		
		City/ State and Zip Cod	e
	Info@globalmedicalproducts	com	
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, pleas		
Lisa L. Hamilton		at (	) <u>418-7046</u> )
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	illing Address pendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee. FL 32303

## Articles of Amendment to Articles of Incorporation of

SHORELINE PIPE & INDUSTRIAL SUPPLY, INC.

(Name of Corporation as curren	itly filed with the Florida Dept. of State)
P22000023216	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association." or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
Name of the registered rigest	
tFlorida s	treet address)
·	,
New Registered Office Address:	(City) , Florida (Zip Code)
	(in pane)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New 1	Registered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk: CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Lisa L Hamilton	6657 SW Silver Wolf Drive
x Add			Palm City, Fl 34990
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			<del></del>
Domovo			

	additional sheets, if necessary). (Be specific)
N/A	
	<del></del>
•	
	mendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	sions for implementing the amendment if not contained in the amendment itself:  if not applicable, indicate N/A)
i/A	

•	date signed
The date of each amendment(s) ac	loption:, if other than t
date this document was signed.	
Effective date <u>if applicable</u> :	signed
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as a partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
Catherine A. Hamilton	,,
	(voting group)
August 2, 2	022
Dated	
Signature	therine Hamilton
	rector, president or other officer - if directors or officers have not been
	l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
Spp.	
	Catherine A. Hamilton
	(Typed or printed name of person signing)
	President
	(Title of person signing)